



**ATTORNEY INVOICE**  
**Statement of Services Rendered**

HEARING DISPOSITION

Scan and send invoice via email to  
the Accounting Liaison Unit at:  
[BPHAccountingLiaison@cdcr.ca.gov](mailto:BPHAccountingLiaison@cdcr.ca.gov)

**Invoices should be submitted  
within 30 days of case  
completion**

SCHEDULED DATE AND TIME OF HEARING:

INMATE LAST NAME:

CDCR NUMBER:

LOCATION / INSTITUTION:

DATE COMPLETED	DESCRIPTION OF SERVICES PERFORMED AND APPLICABLE DURATIONS	INITIAL BELOW TO CERTIFY SERVICES
Date: <input type="text"/>	CENTRAL-FILE REVIEW COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	INITIAL LEGAL VISIT COMPLETED	<input type="text"/> initials
	(Total Time In Hours): <input type="text"/>	
Date: <input type="text"/>	DECS ENTRY COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	SECOND LEGAL VISIT COMPLETED	<input type="text"/> initials
	(Total Time In Hours): <input type="text"/>	
Date: <input type="text"/>	DECS ENTRY COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	THIRD LEGAL VISIT COMPLETED	<input type="text"/> initials
	(Total Time In Hours): <input type="text"/>	
Date: <input type="text"/>	DECS ENTRY COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	HEARING: Check One <input type="checkbox"/> PRE-HEARING ACTION <input type="checkbox"/> PERSONAL APPEARANCE	<input type="text"/> initials

*I certify by my initials above that each service was rendered and I acknowledge the reimbursement rate represents the maximum compensation that can be received for each type of service. I further acknowledge that if after my client's scheduled hearing they are referred for en banc review by the full Board at a monthly executive Board meeting, I shall represent my client at this meeting by timely submitting a written statement and/or addressing the panel in person, by videoconference, or by telephone. I certify I am duly licensed to practice before all courts of the State of California and that I am an active member of the State Bar of California.*

TOTAL BILLING

ATTORNEY (SIGNATURE)	NAME	STATE BAR #	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS (if new address, check here) <input type="checkbox"/>	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>BPH APPROVAL</b>		
SIGNATURE	TITLE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>